

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015054

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 147

Primary Registration District No. 4234

Registrar's No. 55

LED APR 30 1962

1. PLACE OF DEATH

a. COUNTY Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ironton

Length of stay in lb
14 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Mary's of the Ozarks

Inside Limits
No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Reynolds

c. CITY OR TOWN Lesterville

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
1/2 mile east of Lesterville

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

CARL

ANDREW

DOWNEY

4. DATE OF DEATH

Month April

Day 11

Year 1962

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6/20/1898

9. AGE (last birthday) 68

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
tavern operator

10b. KIND OF BUSINESS OR INDUSTRY
tavern

11. BIRTHPLACE (City and state or country)
Kansas

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Daniel Downey

13b. MOTHER'S MAIDEN NAME

Lillie Finrock

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
yes WW1 & 2

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Dorothy Held, East St. Louis, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolism

INTERVAL BETWEEN ONSET AND DEATH

30 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial infarction

DUE TO (c)

Arteriosclerosis, general

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchial asthma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 10, 1962 to April 11, 1962 and last saw him alive on April 11, 1962
Death occurred at L.A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Ben M. Bull, M.D.

(Degree or title)

22b. ADDRESS

Ironton, Mo.

22c. DATE SIGNED

4-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE 4/14/62

23c. NAME OF CEMETERY OR CREMATORY
Masonic Cemetery

23d. LOCATION (City, town, or county)
Ironton, Missouri

(State)

24. FUNERAL DIRECTOR

White Funeral Home, Ironton, Mo.
Anne G. White

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-12-62

26. REGISTRAR'S SIGNATURE

Mar. Aris Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

MAY 29 1962

MAY 23 1962

VS APR 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed duddy white

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.